Final

Meeting Minutes

Governor's Electronic Health Records Task Force
Executive Directive 6 (2005)

Subcommittee #4 - Technology, Interoperability, Governance, Policy, and Legal Issues in EHR

July 27, 2005, 10 a.m. - Noon
Patrick Henry Building, Governor's Conference Room

The meeting was called to order by Secretary Eugene Huang, Subcommittee Chair, at approximately 10:05 a.m. Subcommittee members and presenters in attendance were:

- Barbara Baldwin – UVA Health Systems
- Jeff Burke – Bon Secours Health Systems
- Steve Farmer -- Anthem Southeast, Inc.
- Tom Hanes – Sands Anderson Marks Miller
- David Hollins – Hospital Corporation of America
- Secretary Eugene Huang – Secretary of Technology
- Rick Mears – Owens and Minor

Due to scheduling conflicts, absent subcommittee members were:

- Carl Gattuso – VCU Health Systems
- John O'Bannon – Neurologist and Member of the Virginia House of Delegates
- Becky Snead – Virginia Pharmacy Association

Members of the public in attendance were:

- H.F. Jones representing Northrop Grumman
- C.W. Laugerbaum representing Indigitech

Staff from the Virginia Information Technologies Agency in attendance were:

- Diane Horvath – Manager, Legal and Legislative Services
- Debbie Secor – Enterprise Service Director, Health and Human Services Secretariat

MEETING AGENDA

- Introductions and Brief Biographies

Since this was the first meeting of Subcommittee #4, members introduced themselves and gave brief biographies of their experience and interest in EHR.

- Discuss Proposed Work Plan and Schedule of Meetings

Subcommittee members discussed the proposed work plan (July 8, 2005 draft). Two deliverables were suggested in the proposed work plan: 1) a high-level technology plan for Virginia's health information infrastructure and 2) principles which ensure privacy and security of electronic health records. As part of the first deliverable, the subcommittee agreed that it should determine the components of a good technology plan and also outline a technology infrastructure which supports pilot projects that may be proposed by the other Task Force subcommittees. The pilot infrastructure, in turn, would serve to support continued progress towards a more complete health information system throughout Virginia in the next 5-10 years. Staff was instructed to revise the proposed work plan accordingly and provide the next iteration at the subcommittee's August meeting as a continuing "work in progress."

The subcommittee expressed a need to understand much more about the pilot projects and what the projects are trying to accomplish or provide as proof of concepts. The subcommittee reported that terminology and data elements have been standardized by the National Health Information Infrastructure (NHII), an initiative of the U.S. Department of Health and Human Services. As a result, there would be no need for Virginia's pilot projects to "reinvent the wheel" on many of the technology standards that could be adopted from NHII. Additional advantages to adopting NHII standards are that: 1) it would provide a framework upon which to continue to build a more complete health information system in the future and 2) compliance with federal requirements as a prerequisite to future federal funding would be achieved.

The subcommittee discussed its August meeting, the topic of which is interoperability. In lieu of vendor presentations, the subcommittee requested presentations from various state and local agencies that are known as best practices case studies in EHR. Among the suggestions are Santa Barbara, California; Massachusetts; Indiana; the U.S. military; and Senior Navigator. Staff will follow-up with Task Force Subcommittee #1, which is surveying best practices in Virginia and other states and countries and try to schedule the requested presentations.

The subcommittee's August meeting has been moved a week later from the morning of August 12 to **FRIDAY, AUGUST 19, 2005, from 1 p.m. to 3 p.m.** The meeting location is unchanged and remains the Governor's Conference Room on the third floor of the Patrick Henry Building (old State Library Building) in downtown Richmond.

- Highlights of Discussion re: EHR in Each Subcommittee Member's Organization and Identification of Best Technology Practices

    - *Barbara Baldwin – UVA Health Systems*

UVA Health Systems began using an electronic physician order entry system for in-patients 19 years ago. UVA recently concluded a 3-year RFP process to procure an electronic physician order entry system for out-patients. Implementation of that system is underway for out-patients and will eventually replace the older in-patient technology. Most physicians have familiarity with electronic systems through scheduling, billing, and possibly ordering. Consequently, a best practice identified at UVA is training physicians on how to use the systems and educating them on the benefits of such use, even though it may add non-billable "administrative time" to their work days. Challenges include dealing with different points of data entry (all of which collectively comprise the total electronic health record for an individual patient) and the ability to share information securely among the various UVA Medical Center facilities located throughout the Charlottesville area.

    - *Jeff Burke – Bon Secours Health Systems*

Teaching physicians the benefits of EHR is also a best practice identified in the Bon Secours Health System. Currently, physicians are being provided remote access to the Bon Secours network through virtual private networks (VPNs). Medical information is available online at all Bon Secours campuses. This includes physician reports, emergency department records, nursing assessments, vital signs, pharmacy orders, and demographic information in textual form and images of cardiology tests and physician orders. Medication administration in textual form is currently being implemented as are radiology images. The images are very legible via the Web but are not quite "diagnostic quality." A major challenge is to keep all the data elements properly indexed to the right patient, particularly in cases of a stolen identity (someone posing as someone else in an emergency department) and a shared identity (patients with identical names). Another major challenge is interoperability and the related issue of choosing "a common vendor" or "best of breed" technology. A common vendor solution may provide greater interoperability but less functionality versus a niche technology solution which provides maximum functionality but little or no interoperability.

    - *Tom Hanes – Sands Anderson Marks Miller*

In pouring through countless boxes of hardcopy medical records in the context of defending medical malpractice lawsuits, there is a tremendous amount of duplication of documents and services. As a result, it is very difficult to get an understanding of the total spectrum of patient care provided.

    - *David Hollins – Hospital Corporation of America (HCA)*

HCA chose Meditech as its common EHR vendor to provide interoperability between HCA's nationwide facilities and campuses. Because HCA wanted interoperability, they gave up "best of breed" technology solutions. At this time, HCA does not have a true end-to-end electronic medical record system in any of its hospitals and is just beginning to implement an

electronic physician order entry system. Physicians have remote access to the HCA network through virtual private networks (VPNs) using security fobs.

- *Rick Mears – Owens and Minor*

As a nationwide supplier of medical products and supplies, Owens and Minor has become very good at interoperability issues. The company helps to drive IT standards everyday and shows its customers how to leverage their data. From a supply chain view, EHR will help complete a feedback loop back to manufacturers and developers of medical products and supplies.

NOTE: All subcommittee members identified funding as a major challenge to EHR. Funding includes initial system implementation and training plus ongoing maintenance and upgrades. In the banking industry, 6% of the operating budget is the average spent on IT. In the health care industry, the average is 2% of the operating budget for IT. As a result, large hospital systems and stand-alone single hospitals have common challenges around funding EHR. Many stand-alone single hospitals are still doing everything on paper and may fall farther behind larger hospital systems in implementation of EHR if financial incentives are not provided.

- Presentation on X-12 Standards for Electronic Data Interchange (EDI)
  - *Stephen Farmer – Anthem Southeast, Inc.*

Mr. Farmer gave the subcommittee an understanding of the regulatory framework in which EHR must be developed. The top-tier regulating body is the U.S. Department of Health and Human Services (HHS), which is empowered by legislation to set and enforce regulations. The NHII resides in HHS. HHS also established the Centers for Medicare and Medicaid Services. The next tier is designated standards maintenance organizations (DSMO's), which are standard-setting organizations designated by HHS in its regulations to maintain standards for the industry. Some DSMO's deal with the form of the standards. Two of many examples include the Accredited Standards Committee X-12 committee for electronic data interchange of financial and claims information and the Health Level Seven committee for clinical and administrative data (e.g., standardized data elements for EHR). Other committees deal with the data content of the standards. The final tier is other organizations of influence and importance such as the American Medical Association and the American Hospital Association. Groups in all of the tiers influence EHR in some way.

The subcommittee reiterated its earlier discussion to not "reinvent the wheel" on many of the technology standards that could be adopted from the work of these groups.

- Call for Public Comment, Other Business, and Adjournment

In response to the chairman's call for public comment, C.W. Laugerbaum thanked the subcommittee in his capacity as a Virginia citizen for volunteering their time to this important work.

There was no other business to come before the subcommittee and the meeting adjourned at approximately 12:15 p.m.